
New priorities launch event

Event report

#NewPriorities

healthwatch
Southwark

New Priorities Launch Event

Come and find out what we will be working on and contribute to our plans!

How easy
is it for you
to get an
appointment
at your GP?

Are you
a carer?

Do you have
any experience
of hospital
discharge?

Do you know
someone who
has had a
mental health
crisis?

This event is **FREE** and open to everyone. Please book your place:

Visit: <https://goo.gl/pSA4Bf>

Call: 020 7358 7005

Email: info@healthwatchsouthwark.co.uk

When?

Wed 24 May, 6.00-8.00pm. Food will be served promptly at 6pm.

Where?

Cambridge House, 1 Addington Square, Camberwell, London SE5 0HF

Date: Wednesday 24 May

Time: 6pm - 8pm

Venue: Cambridge House, 1 Addington Square, Camberwell, SE5 0HF

Attendees

We sold out of tickets for this event with 60 people reserving ticket. In total, 50 people attended including Southwark residents and representatives from the voluntary and community sector.

25 of those that attended were not previously registered as Healthwatch Southwark supporters.

Purpose of the forum and what happened

The purpose of this forum was to:

- 1) Inform people about Healthwatch Southwark (HWS) - who we are and what we do
- 2) Tell people about how we chose priority areas for 2017/18
- 3) Give people an opportunity to hear about what we want to do around our priority areas, to inform our plans and sign up to keep in touch and play a part in our work
- 4) Give people the opportunity to network over food.



Welcome from Healthwatch Southwark

Aarti, Healthwatch Southwark Manager, spoke about what Healthwatch is and the recent engagement the team has carried out around our **#NewPriorities**.



Each local Healthwatch across the country has priority areas to help focus their work - to channel resources so that we can have an impact. Healthwatches decide on priorities in their own way, but all make decisions based on what local people say about their local health and social care services and the context in which they use them.

In September 2016, the Healthwatch Southwark Advisory Group agreed on how to choose new priorities in 2017/18:

- To collect information from local people and voluntary and community organisations that support local people
- To collect information from statutory organisations (including commissioning organisations, Public Health, provider partnerships, local Healthwatches)
- To review Healthwatch Southwark's information and signposting database.

Engagement took place between October 2016 - February 2017. Within this time, we heard from:

- 397 local people
- 21 statutory organisations

We also reviewed 167 queries/issues on our information and signposting database.

In March 2017, the Healthwatch Southwark Advisory Group came together to review all this information, and developed a decision-making matrix for the team to apply to potential priorities. See the [full report](#) for more details on this process.

5 priorities areas for 2017/18 were chosen:

- 1) Timely access to GPs
- 2) Help in a mental health crisis
- 3) Going home from hospital
- 4) Impact of caring on carers
- 5) Southwark's nursing homes



After explaining the new priorities, Aarti then invited attendees to visit four stalls (timely access to GPs, help in a mental health crisis, going home from hospital, and Impact of caring on carers) to find out more about these priority areas and inform Healthwatch's plans. We didn't have a stall from our priority on nursing homes as we do not plan for this to involve any engagement - but more working with commissioners to look at the local provision and quality.

Stall 1: Timely access to GPs

Our volunteers Stephen and Isabelle told people about this priority area - why it was chosen and what our plans are for the year. The main project will be looking at GP

appointment systems across Southwark - what they are and how they work. The team will look into this by visiting as many GP practices as possible between now and August.

They encouraged attendees to complete a patient survey asking about their GP appointment system and how it works for them. **We received 23 responses on this occasion.**

We will be collecting responses to the survey till August 2017. It is available online and we are publicising this through our networks.

Stall 2: Help in a mental health crisis

Catherine (HWS staff) and Marcella (a volunteer) talked to attendees about our plans to hear from patients, carers and staff about their experience of mental health crisis care.

We asked people - “*What does mental health crisis mean to you?*” People told us:

- ‘It can look different to different people.’
- ‘There are also different Mental Health Act ‘sections’ used for different people, with different rules about whether you can leave the hospital or not. They depend on things like whether you pose a risk of harm to yourself or to others.’
- ‘Feeling overloaded, burdened, pulling you down - too many things coming at you. It’s not just a ‘medical’ definition.’
- ‘Acute suicidal thoughts, feeling unsafe or at risk of killing myself, overwhelming paranoia and anxiety.’
- ‘If a patient just says ‘I feel *really* bad’ - listen to them!’
- We need to look at the question of how mental health crisis is diagnosed/perceived. For example, ‘some people are labelled ‘drunk’ by the police because they were found near a pub and have had one drink - but actually they’re mentally unwell.’



We listed services we were aware of that might support people in mental health crisis, or direct them to the right place: 999, King’s A&E, St Thomas’ A&E, Place of Safety (136 Suite) at the Maudsley Hospital, SLaM’s 24-hour mental health support helpline (0800 731 2864), other phone lines such as Solidarity in a Crisis (0300 123 1922) or Samaritans (116 123), GPs, and community mental health teams (CMHTs).

We asked people to add to the list by telling us about places they might seek help, or that we should talk to about the pathways in place:

- Wellbeing Hub
- Schools
- The Belgrave Clinic and Dr Milovic - a CAMHS unit at King's
- The Listening Place - out of borough but has good patient feedback

People also commented on some of the services we had listed:

- 'A&E is not the place people want to go' - this was emphasised by a few attendees. One said 'There's a difference between what is promised at King's A&E and what happens - there are insufficient staff' and another 'It's upsetting to see mentally unwell people at King's A&E.' One person felt that money given to King's A&E to improve mental healthcare had not been used for this. We were told that SPAG and the MP Helen Hayes are working on this issue.
- One person suggested that instead of A&E, mental health patients need a 'Place of Sanctuary' - perhaps a 'hub and spokes' model - and that this should start with a focus on children and young people who had particularly poor provision at the moment.
- A few people also commented on the role of the GP in a mental health crisis. One said 'they'll say I should go to A&E - but is that right? GP help is inadequate' and another that GPs don't understand that CMHTs and crisis services are different. Another said that because GPs can be the 'gatekeepers' to mental health care, it should say clearly at the top of a patient's records if they have 'severe and enduring', 'major, clinical', 'recurrent' mental health problems. Another person asked why GPs don't have crisis staff in-house.
- One person was unsure about the role of the SLaM crisis line, asking 'Who's at the end of that line? How resourced are they? Is it a consultant psychiatrist?'
- One attendee noted that 'secure units' in hospital are a form of crisis care, and said that those at the Maudsley were unfit for purpose - 'reeking, very poor conditions'.

Some people also emphasised that as well as the services in place, there may be problems with the pathway for people in mental health crisis and awareness of this pathway. This extended to lack of awareness of where to go '*before* reaching breaking point'.

6 local people signed up to take part in this project, with most of them saying that they would prefer to give their views via a 1:1 interview.

Stall 3: Going home from hospital

Chip (HWS staff) talked to people about the report we published in February 2017 - evaluating people's experiences in a step-down facility (temporary accommodation for patients well enough to leave hospital but not yet ready to go home). We will be working with commissioners of this service to review progress on the recommendations that we made in this report - there are over 30 for both commissioners and the service itself.

We are also planning to speak to people who have left hospital, or their carers/family, to see what their experiences have been.

We asked people - *"What should we ask people who have experienced discharge from hospital?"* They told us what they felt was important:

- Did you/your carer/family understand and agree the reason for discharge? Did you feel well enough?
- Were you asked about how you felt about going home - both physically and mentally?
- Did they involve you in discharge planning/ask if you wanted to be involved?
- Did people ask you what support/help you had available at home? - particularly important if people have had a long stay in hospital e.g. for mental health problems.
- Did people take notice of what you were saying?
- When you got home, and you weren't sure of something, did you know who to contact and how?
- Did you understand the information you were given?

8 people signed up to take part in this project.

Stall 4: Impact of caring on carers

Our volunteers Alison and Ben told people about this priority area - why it was chosen and what our plans are for the year.

We plan to talk with carers about what it is like to be a carer and how it impacts on their life, health and wellbeing. We will also find out about how carers hear about and access support, the assessment process and the support available.



We asked people - “What else should we talk to carers about?” They told us what they felt was important:

- Paid caring vs unpaid caring
- Resources available for carers
- Engaging with social services and how this has been
- Utilising the community and voluntary sector and groups to help carers

9 people signed up to take part in this project.

Close and next steps....

Aarti then asked each stall to feedback a couple of points they heard.

Timely access to GPs:

- 23 people completed a GP appointment system survey and handed them back to us.
- We heard people say that it is a ‘postcode lottery’ as the appointment systems are quite different and don’t make sense from a patient point of view.
- Not many people were aware of the Extended Primary Care Service (EPCS) which you are meant to be referred to if your GP doesn’t have any same day / next day appointments available.



Help in a mental health crisis:

- We heard that people’s definitions of a mental health crisis are very individual and can be wide-ranging.
- We will need to ensure we capture views of different services, and also need to look at those services which act as gatekeepers for care in a crisis - for example the role of the GP might be more important than we had anticipated.
- As we were already aware, many people are not happy with the model where A&E is the place people are usually advised to go in a mental health crisis. We will need to think carefully about how far we can influence this debate, and how far we can improve things for people within the existing model.



Going home from hospital:

- People were interested to hear about the Step Down project and report we published
- Lots of conversation and suggestions about what we can ask patients when they are about to leave hospital.
- One interesting comment about support people who are emotionally not ready to leave hospital, but from a clinical point of view, they are ready to leave a service - how this is communicated and managed.

Impact of caring on carers:

- Important to speak to carers who aren't already receiving support and who are aware of support organisations.
- People find communication with the council difficult. For example, knowing who to speak to, when you receive information, what you are entitled to.

Aarti then explained the next steps - that we would look at all the information we had received from each stall and work this into our work plans under each priority area. She also explained that we will contact the people that showed an interest in getting involved.